

## WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Mary Carline Mabry, a single person, Grantor, and Carline Mabry, Trustee of The Carline Mabry Trust, dated November 28, 2005, Grantee,

### WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of Mississippi, and more particularly described as follows, to-wit:

**See Exhibit "A" attached hereto and made a part hereof as if copied herein verbatim.**

**BY WAY OF EXPLANATION:** L. V. Mabry and spouse, Mary Carline Mabry held title to the above referenced properties. Luther Vernon Mabry passed away on or about July 2, 2005. See the death certificate attached as Exhibit "B" and incorporated herein by reference.

TO HAVE AND TO HOLD unto the Grantee and it's assigns and/or beneficiaries, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

Baskin

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 13 day of December, 2005.

Mary Carline Mabry  
MARY CARLINE MABRY

STATE OF Arkansas  
COUNTY OF Cleburne

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Mary Carline Mabry, who acknowledged that she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 13 day of December, 2005.

Rebecca L. Lynn  
NOTARY PUBLIC

My Commission Expires:

**Rebecca L. Lynn**  
County Of Cleburne  
Notary Public - Arkansas  
My Commission Exp. 09/20/2012  
ADDRESS OF GRANTOR:  
49 Wood Lane  
Home: Drasco, AR 72530  
Work: n/a  
HM# 501-825-7635

ADDRESS OF GRANTEE:

49 Wood Lane  
Home: Drasco, AR 72530  
Work: n/a  
HM# 501-825-7635

AT THE PARTIES REQUEST, NO TITLE EXAMINATION WAS CONDUCTED IN CONJUNCTION WITH THE PREPARATION OF THIS INSTRUMENT, AND THUS PREPARER OF SAME MAKES NO WARRANTIES OR GUARANTIES AS TO PARTIES IN POSSESSION, SUFFICIENCY OF TITLE, OR PROPER EXECUTION OF SAME.

PREPARED BY AND RETURN TO:  
BASKIN MCCARROLL McCASKILL & CAMPBELL, P.A.  
P. O. BOX 190  
SOUTHAVEN, MS 38671-0190(662) 349-0664

FILE#805653

EXHIBIT "A"  
LEGAL DESCRIPTION

TRACT I

Being 8.0 acres, more or less, in Section 19, Township 1, Range 8 West, DeSoto County, Mississippi, more particularly described as follows:

Beginning at a point on the south line of Section 19, Township 1, Range 8 West, 1854.6 feet east of the southwest corner of said section; thence continuing east along said line 175.4 feet to the southwest corner of the L.V. Mabry 10.0 acres, more or less; thence north 5 degrees 45 minutes east 842.10 feet along the westerly line of said Mabry tract to a concrete post; thence north 84 degrees 30 minutes east 489.4 feet along the north line of said Mabry tract to a concrete post; thence north 4 degrees 00 minutes west 164.0 feet along the west line of the Pretty tract to a concrete post; thence south 84 degrees 30 minutes west 813.3 feet to a point, said line being 990.0 feet north of a parallel to the south line of said Section 19; thence south 5 degrees 30 minutes east 990.0 feet to the point of beginning. All bearings are magnetic.

TRACT II

Ten (10) acres situated in the southeast corner of the Southwest Quarter of Section Nineteen (19), Township One (1), Range Eight (8) West, particularly described as:

The East 10 acres of the South 50 acres of said Southwest Quarter, of Section 19, Township 1 South, Range 8 West, EXCEPT as modified by that certain property line agreement entered into between H.D. Minor, single and William Meeks and wife, Lenne Meeks, dated June 18, 1992, of record in Book 23, Page 321 of the Deed Records of said County, to which reference is hereby made, and which agreement established the west line of said 10 acre tract, the west line of said 10 acre tract hereby conveyed runs in a northeast and a southwest direction, with concrete posts being at the northwest and at the southwest corners of the property, and with the north line of said property being approximately 469.4 feet in length and the south line of said property approximately 610 feet in length.

INDEXING INSTRUCTIONS:

Southwest Quarter of Section 19, Township 1 South, Range 8 West, DeSoto County, Mississippi

TYPE-PRINT, IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

ARKANSAS DEPARTMENT OF HEALTH  
Division of Vital Records  
CERTIFICATE OF DEATH

2005-015907

JUL 25 2005

1. DECEDENT'S NAME (First, Middle, Last)  
**Luther Vernon Mabry**

2. SEX  
**Male**

3. DATE OF DEATH (Month, Day, Year)  
**July 2, 2005**

4. SOCIAL SECURITY NUMBER  
**008-22-1545**

5a. AGE - Last Birthday  
**81**

5b. UNDER 1 YEAR  
Months: **0** Days: **0**

5c. UNDER 1 DAY  
Hours: **0** Minutes: **0**

6. DOWNS OF BIRTH (Month, Day, Year)  
**May 20, 1924**

7. BIRTHPLACE (City and State or Foreign Country)  
**Mississippi**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)  
**No**

9. PLACE OF DEATH (Check only one)  
☒ Hospital ☐ Independent ☐ Hospice ☐ DOA ☐ Other (Specify)

10. FACILITY NAME (If not resident, give street and number)  
**White County Medical Center**

11. CITY, TOWN, OR LOCATION OF DEATH  
**Searcy, Ark.**

12. COUNTY OF DEATH  
**White**

13. MARITAL STATUS - Married  
**Married**

14. SURVIVING SPOUSE (If wife, give maiden name)  
**Mary Carline Weaver**

15. DECEDENT'S USUAL OCCUPATION (Give kind of work, state, giving nature of working, etc. Do not use "retired")  
**Auto Salvage Business Parts**

16. KIND OF BUSINESS INDUSTRY  
**Mabry Auto**

17a. RESIDENCE - STATE  
**Ark.**

17b. COUNTY  
**Clebourne**

17c. CITY, TOWN, OR LOCATION  
**Drasco**

17d. STREET AND NUMBER  
**49 Wood Lane**

18. INSIDE CITY LIMITS? (Yes or No)  
**Yes**

19. ZIP CODE  
**72530**

20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

21. RACE - American, Indian, Black, White, etc. (Specify)  
**White**

22. DECEDENT'S EDUCATION (Specify only highest grade completed)  
**Elementary/Secondary (9-12) College (13-16)**

23. FATHER'S NAME (First, Middle, Last)  
**James Luther Mabry**

24. MOTHER'S NAME (First, Middle, Maiden Surname)  
**Berta Mae Blackwell**

25. INFORMANT'S NAME (Type and Print)  
**Mary Carline Mabry**

26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  
**49 Wood Lane Drasco, Ark. 72530**

27. METHOD OF DISPOSITION  
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

28. DATE OF DISPOSITION (Month, Day, Year)  
**July 6, 2005**

29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)  
**Forest Hill South Memphis, Tenn.**

30. LOCATION - City or Town, State

31. SIGNATURE OF EXAMINER  
**James K. Tucker**

32. LICENSE NUMBER  
**Miss. ES786**

33. NAME AND ADDRESS OF FUNERAL HOME  
**Brantley Phillips Funeral Home 2070 Hwy. 51 Sp. Hernandez, Miss. 38632**

34. LICENSE NUMBER  
**Miss. ES 105**

35. PART I: Enter the disease, injury, or complication that caused the death. Do not state the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause for each line.

36. IMMEDIATE CAUSE (Final disease or condition resulting in death)  
**UROSCY'S**

37. DUE TO (OR AS A CONSEQUENCE OF)  
**Renal Failure**

38. DUE TO (OR AS A CONSEQUENCE OF)  
**Due to (OR AS A CONSEQUENCE OF)**

39. DUE TO (OR AS A CONSEQUENCE OF)  
**Due to (OR AS A CONSEQUENCE OF)**

40. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

41. WAS AN AUTOPSY PERFORMED? (Yes or No)  
**NO**

42. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

43. MANNER OF DEATH  
☒ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Could not be determined ☐ Pending investigation

44. DATE OF BIRTH (Month, Day, Year)

45. TIME OF BIRTH

46. BIRTH AT WORK? (Yes or No)

47. DESCRIBE HOW INJURY OCCURRED

48. PLACE OF BIRTH - At home, farm, street, factory, office, building, etc. (Specify)

49. LOCATION (Street and Number or Rural Route Number, City or Town, State)

50. TIME OF DEATH  
**1700 pm**

51. DATE PRONOUNCED DEAD (Month, Day, Year)  
**July 2, 2005**

52. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)  
**NO**

53. MEDICAL EXAMINER or CORONER Only: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.

54. SIGNATURE AND TITLE  
**Dr. Jesse D. Moore MD 623 North 9th Street Augusta, Arkansas 72006**

55. CERTIFYING PHYSICIAN or CORONER Only: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

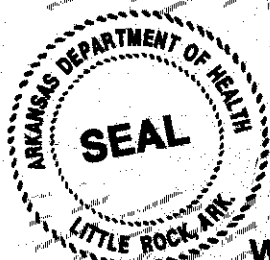
56. SIGNATURE AND TITLE  
**Dr. Jesse D. Moore MD 623 North 9th Street Augusta, Arkansas 72006**

57. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type and Print)  
**Dr. Jesse D. Moore MD 623 North 9th Street Augusta, Arkansas 72006**

58. REGISTRAR'S SIGNATURE  
**Michael A. Adams**

59. DATE FILED (Month, Day, Year)  
**JUL 25 2005**

REV 5-05 VR-2



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

DEC 21 05

Michael A. Adams  
State Registrar

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

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